





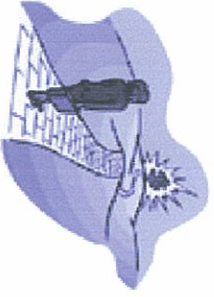







Henry Street Settlement  
**Workforce Development Center**

Phase ONE Application and Orientation	Phase TWO Introductory Training	Phase THREE Advanced Training and Job Search	Phase FOUR Working
<p>In this phase you will complete an intake application, submit required documentation, participate in an orientation and meet with a case manager for an individual assessment.</p>  <p>You will get an appointment for your individual assessment meeting at the beginning of phase two training.</p>	 <p>In this phase you will participate in classes meeting Monday through Friday. You will design a plan for success and increase your confidence. You will also create or improve your resume, practice interviewing skills and learn successful techniques for finding jobs.</p>  <p>JET classes meet Mon. through Fri. from starting at 8:45am.</p> <p>Don't be late and don't miss any of the classes. Be sure to arrive dressed appropriately!</p>	<p>In this phase you will:</p> <ul style="list-style-type: none"> <li>attend workshops while working with a job developer to begin your active job search</li> <li>begin a hard skills training at another location</li> </ul>  <p>You will be working with a job developer. Assignments will be given to help enhance your self guided career research and you job search and you will have access to our computer lab.</p> <p>JET Workshops meet Wed. Computer lab is open during the day on Mon., Wed. and Fri. and Tues. from 6 – 8pm.</p> <p>Dates and times for advanced training classes vary.</p>	 <p>In this phase you will be working full or part time. You will be following up with us regularly. You will receive benefits screenings to determine your eligibility for such services as loans, free checking accounts, rent arrears, wage subsidies and health benefits. You may also receive free tax preparation assistance.</p>  <p>Incentives will be available when you reach milestones.</p> <p>You may also participate in alumni events where you will be eligible to receive door prizes, raffles and other awards.</p> <p>Alumni Night is held every three months on Wed. evenings.</p>

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☐ This is the Active Action Plan

# Back to Work Action Plan

test 2 test 2 #66908

Latest Update By: (JS) 08/23/07

HARD SKILLS	
SOFT SKILLS	
CERTIFICATIONS	
JOB EXPERIENCE	
EXPERIENCE LEVEL	
GENERAL	YEARS EXPERIENCE: EDUCATION: LANGUAGES: AVAILABILITY: SALARY REQUIREMENT: GEOGRAPHIC WORK AREA:
ULTIMATE CAREER GOAL	

## PHASE 1 - INTAKE & ORIENTATION

OBJECTIVE		IDENTIFIED	MET
Phase One - Complete Phase One		08/06/07 (DG)	<input checked="" type="checkbox"/> 08/23/07 (JS)

CHECKLIST ITEM	COMPLETED	CHECKLIST ITEM	COMPLETED
Assessment (EA/EP)	<input checked="" type="checkbox"/> 08/23/07 (JS)	Signed Grievance Form	<input checked="" type="checkbox"/> 08/23/07 (JS)
Diploma or Degree (if applicable)	<input checked="" type="checkbox"/> 08/23/07 (JS)	Signed Rights & Responsibilities	<input checked="" type="checkbox"/> 08/23/07 (JS)
Government Photo ID	<input checked="" type="checkbox"/> 08/23/07 (JS)	Social Security Card	<input checked="" type="checkbox"/> 08/23/07 (JS)
Intake Application	<input checked="" type="checkbox"/> 08/23/07 (JS)	TABE	<input checked="" type="checkbox"/> 08/23/07 (JS)
Mandatory Appt Letter	<input checked="" type="checkbox"/> 08/23/07 (JS)	WEP Assignment Letter	<input checked="" type="checkbox"/> 08/23/07 (JS)

ACTIVITY	ASSIGNED	COMPLETED
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## PHASE 2 - ASSESSMENT & TRAINING

OBJECTIVE	IDENTIFIED	MET
Phase Two - Complete Phase Two	08/23/07 (JS)	<input checked="" type="checkbox"/> 08/23/07 (JS)



CHECKLIST ITEM		COMPLETED	
Computer Lab Intro	<input type="checkbox"/>		
EA/EP Assessment (FS only)	<input type="checkbox"/>		
E-mail account created	<input checked="" type="checkbox"/>	08/23/07 (JS)	
JRA Post-Test (Job Readiness Assessment)	<input checked="" type="checkbox"/>	08/23/07 (JS)	
JRA Pre-Test (Job Readiness Assesment)	<input checked="" type="checkbox"/>	08/23/07 (JS)	

CHECKLIST ITEM		COMPLETED	
Phone Message Skill	<input type="checkbox"/>		
Portfolio Item: JOB APPLICATION	<input checked="" type="checkbox"/>	08/23/07 (JS)	
Portfolio Item: MOCK INTERVIEW	<input checked="" type="checkbox"/>	08/23/07 (JS)	
Portfolio Item: REFERENCES	<input checked="" type="checkbox"/>	08/23/07 (JS)	
Portfolio Item: RESUME	<input checked="" type="checkbox"/>	08/23/07 (JS)	

ACTIVITY				
Referred To: HSS-Job Development (Jordan Leff)	08/23/07 (JS)	<input type="checkbox"/>		
	08/23/07 (JS)	<input type="checkbox"/>		

### PHASE 3 - ADV TRAINING & JOB SEARCH

OBJECTIVE		IDENTIFIED	MET
CHECKLIST ITEM		COMPLETED	
Financial Education Workshop		<input type="checkbox"/>	
CHECKLIST ITEM		COMPLETED	
Proof of Attendance (if applicable)		<input type="checkbox"/>	
ACTIVITY		ASSIGNED	COMPLETED

### PHASE 4 - POST PLACEMENT

OBJECTIVE		IDENTIFIED	MET
CHECKLIST ITEM		COMPLETED	
01 Placement Documented		<input type="checkbox"/>	
02 JRCP Completed		<input type="checkbox"/>	
03 Other EarnBenefits Screening		<input type="checkbox"/>	
04 1 Month/30-Day Retention Documented		<input type="checkbox"/>	
05 6 Month/180-Day Retention Documented		<input type="checkbox"/>	
Attended EarnMore Orientation		<input type="checkbox"/>	
CHECKLIST ITEM		COMPLETED	
Completed Post Upgrade information form		<input type="checkbox"/>	
Completed Pre-Upgrade information form		<input type="checkbox"/>	
Completed Quick Screen (EarnMore)		<input type="checkbox"/>	
EarnMore Gift Certificate for Peer Group		<input type="checkbox"/>	
EarnMore Gift Certificate for Workshop		<input type="checkbox"/>	
Screened for Earned Income Tax Credit		<input type="checkbox"/>	

Attended EarnMore Peer Support Group	<input type="checkbox"/>		Screened for Food Stamps	<input type="checkbox"/>	
Attended EarnMore workshop	<input type="checkbox"/>		Screened for Subsidized Childcare/Housin	<input type="checkbox"/>	
Completed Career Plan	<input type="checkbox"/>		Screened for Subsidized Health Insurance	<input type="checkbox"/>	
ACTIVITY					
		ASSIGNED	COMPLETED		



# **INDIVIDUAL ASSESSMENT FORM**

(The purpose of this form is to help you and your case manager to begin to plan your job search. Shaded answers indicate that it may be helpful for you to receive an EarnBenefits screening. )

Today's Date: \_\_\_\_\_

Interviewer's Name: \_\_\_\_\_

## **A. BASICS**

- 1) First & Last Name: \_\_\_\_\_
- 2) Do you identify as a male or female? ☐ Male ☐ Female

## **B. HOUSING/LIVING ARRANGEMENTS**

- 1) What kind of housing do you live in? (Choose all that apply)
 

<input type="checkbox"/> Public Housing (NYCHA)	<input type="checkbox"/> Living with Family
<input type="checkbox"/> Shelter	<input type="checkbox"/> Supportive Housing
<input type="checkbox"/> Private Landlord	<input type="checkbox"/> Renting a room
<input type="checkbox"/> Other _____	<input type="checkbox"/> Section 8 Housing/HSP
- 2) Are you in danger of being evicted or otherwise losing your housing? ☐ Yes ☐ No

## **C. PHYSICAL/BEHAVIORAL HEALTH**

- 1) Do you have any health concerns that could get in the way of your training or employment? ☐ Yes ☐ No
- 2) Are you taking any prescription medication? ☐ Yes ☐ No
  - ☐ What kind?: \_\_\_\_\_
- 3) *Except* for childbirth, have you been hospitalized in the last 5 years? ☐ Yes ☐ No
 

<input type="checkbox"/> Rushed to Emergency Room	<input type="checkbox"/> Psychiatric ward
<input type="checkbox"/> Admitted to hospital	<input type="checkbox"/> Kept for observation
<input type="checkbox"/> In-patient detox	
<input type="checkbox"/> Other: _____	
- 4) Are you experiencing any trouble in eating or sleeping? ☐ Yes ☐ No
- 5) Do you have a regular doctor that you go to? ☐ Yes ☐ No
- 6) Do you have any trouble . . .
 

<input type="checkbox"/> Concentrating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Making decisions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Remembering things?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- 7) Have you ever been admitted into a drug treatment program? ☐ Yes ☐ No

- 8) Have you noticed any unusual changes in your appearance? ☐ Yes ☐ No
- 9) Do you have health insurance? ☐ Yes ☐ No
- ☐ Regular Medicaid ☐ Medicaid Managed Care
- ☐ Family Health Plus ☐ Child Health Plus
- ☐ Veteran's Benefits
- ☐ Other: \_\_\_\_\_
- a. If no, are you interested in a health insurance eligibility screening? ☐ Yes ☐ No
- 10) Are you experiencing any unusual or sudden difficulties in the way your body is working? ☐ Yes ☐ No
- 11) Have you ever used the services of the following professionals? ☐ Yes ☐ No
- ☐ Psychologist ☐ Social Worker
- ☐ Counselor ☐ Psychiatrist
- ☐ Case Manager ☐ Substance Abuse Counselor
- ☐ Other: \_\_\_\_\_
- 12) Is there a dentist that you see on a regular basis? ☐ Yes ☐ No
- 13) Can you pass a drug test? ☐ Yes ☐ No

#### **D. EDUCATIONAL HISTORY**

- 1) When you were in school, what kind of classes did you attend?
- ☐ Regular classes/Mainstream ☐ Gifted & Talented
- ☐ Special Education/Resource Room ☐ ESL
- 2) Can you bring in a diploma to document the highest level of education you have? ☐ Yes ☐ No
- 3) If you left school before getting your H.S. diploma, how come you left school?
- ☐ NA ☐ Arrest
- ☐ Not enough credits to graduate ☐ Moved out of borough/city
- ☐ Pregnancy ☐ Lack of interest
- ☐ Work ☐ Expulsion
- ☐ Other: \_\_\_\_\_

#### **E. EMPLOYMENT EXPERIENCE/INTERESTS**

- 1) What type of services do you hope to get through your participation in the Workforce Development Center? \_\_\_\_\_
- \_\_\_\_\_

2) What would be your ideal job, if you had a choice of anything? \_\_\_\_\_

3) Do you have any previous working/ training experience in  
your ideal career field? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

4) What are some of the things you would need to do to get into your ideal career field?

\_\_\_\_\_

\_\_\_\_\_

5) Right now, what entry-level jobs are you qualified to enter?

\_\_\_\_\_

\_\_\_\_\_

6) What type of entry level job would you be interest in – to get your foot in the door at a company where you might work your way up?

☐ Receptionist

☐ Clerical

☐ Delivery/messenger

☐ Stock

☐ Dishwasher

☐ Box Office Assistant

☐ Other(s): \_\_\_\_\_

☐ Retail/sales

7) Do you have any appointments or concerns that may prevent you  
from going to training or work on a regular basis? ☐ Yes ☐ No

☐ court dates

☐ doctor appointments

☐ lack of transportation

☐ job interviews

☐ Other: \_\_\_\_\_

8) Would you be interested in pursuing a career in an arts-related field,  
such as working in a museum, graphic design firm,  
a gallery or a theater? ☐ Yes ☐ No

9) Do you have any previous working/ training experience in  
the arts sector? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

10) Are you willing/able to take the time (2 years+) to work your  
way up within an organization? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

11) Do you have any special talents, abilities, or powers? ☐ Yes ☐ No

12) In your opinion, what's kept you from reaching your goal of finding/keeping employment?

\_\_\_\_\_

\_\_\_\_\_



13) What personal habits or thinking patterns do you need to change to help you reach your goals?

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#### F. SOCIAL SUPPORTS

- 1) Do you participate in any of the following? ☐ Yes ☐ No
- |  |   |
|--|---|
| <input type="checkbox"/> Senior Center           | <input type="checkbox"/> Tenant Patrol          |
| <input type="checkbox"/> Church/Synagogue/Temple | <input type="checkbox"/> Union                  |
| <input type="checkbox"/> Tenant Association      | <input type="checkbox"/> Community Organization |
| <input type="checkbox"/> Support Group           | <input type="checkbox"/> Volunteer Work         |
| <input type="checkbox"/> Other: _____            |   |
- 2) Do you get along well with other people? ☐ Yes ☐ No
- 3) Do you have a case manager or counselor outside of the WDC? ☐ Yes ☐ No
- ☐ Person's Name & Phone Number: \_\_\_\_\_
- ☐ Name of Program/Agency: \_\_\_\_\_
- 4) Have you ever felt that other people were against you or wanted to harm you? ☐ Yes ☐ No
- 
- 

#### G. CHILDREN/CHILDCARE

- 1) How many under-age children live in your household? (Circle 1) NA 1 2 3 4 5 6 7 8 9 10  
(If you circled NA & have no children, skip to question #8)
- 2) How old are the children in your house? (Circle ages) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
(Working parents w/children **under 18** may be eligible to open an Individual Development Account.  
Parents w/children **under 13** may be eligible for various childcare subsidy vouchers.)
- 3) Do you have child care in place during the school year? ☐ Yes ☒ No
- |   |   |
|---|---|
| <input type="checkbox"/> Family Member/Babysitter | <input type="checkbox"/> Day Care             |
| <input type="checkbox"/> After school             | <input type="checkbox"/> Child attends school |
- 4) Do you have child care in place during the summer? ☐ Yes ☒ No
- |                                   |   |   |
|-----------------------------------|---|---|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Summer Job for child |
|-----------------------------------|---|---|

- 5) If you accepted a job, are child care arrangements in place for the following situations?
- ☐ Would you be able to drop your baby/toddler at the babysitter and then have time to get to work by 9:00am? ☐ Yes ☒ No
- ☐ Would you have someone to get your child from school and make sure s/he got to the after-school program? ☐ Yes ☒ No
- ☐ If your children have different activities/schedules, is there someone you could rely on to drop them off & pick them up and still allow time for you to travel for you to travel to and from work? ☐ Yes ☒ No
- ☐ Is there someone who could pick up your child from after-school and watch him until you got home from work? ☐ Yes ☒ No
- 6) Would you like help in finding child care for your children? ☒ Yes ☐ No
- 7) Is your child having any difficulties in school? ☐ Yes ☐ No
- ☐ Doing poorly academically/educationally
- ☐ Having trouble behaviorally/emotionally
- 8) Are you expecting another child in the family? ☒ Yes ☐ No
- ☐ Pregnancy ☐ Adoption ☐ A child will be living with me temporarily  
(Client may be eligible for WTC and/or childcare subsidies.)

## H. INCOME SUPPORTS

(The EarnBenefits package was developed to help low-income people access economic supports to supplement their wages. However, some of the supports are available to people before they become employed or to students. Your honest answers will allow the interview to figure out whether a more comprehensive screening will be helpful to you.)

- 1) What are your sources of income now? \_\_\_\_\_
- 2) Approximately, how much is your income per . . .
- ☐ Week \_\_\_\_\_
- ☐ Month \_\_\_\_\_
- ☐ Year \_\_\_\_\_
- (Income, and household size, partially determine eligibility for other benefits. Refer to attached table)
- 3) How many adults and children live in your household, including you? (Circle 1) NA 1 2 3 4 5 6 7 8 9 10  
(Household size, and income, partially determine eligibility for other benefits. Refer to attached table)
- 4) How many dependents do you have? (Circle 1) NA 1 2 3 4 5 6 7 8 9 10  
(Interviewer, please refer to childcare section for answer)
- 5) Do you have children under the age of 13? ☒ Yes ☐ No  
(Client may be eligible for childcare subsidies: Liberty Zone, ACD, UPK, TCC)



- 6) Are you working now? ☒ Yes ☐ No  
*(Saving & loan programs are available only to working people.)*
- ☐ Do you work below 14<sup>th</sup> Street in Manhattan? ☒ Yes ☐ No  
*(Liberty Zone only available to parents working below 14<sup>th</sup> Street.)*
- ☐ If yes, what is your work schedule?  
*(Some financial services depend on the number of hours worked.)*
- 

- 7) Have you ever received public assistance? ☐ Yes ☐ No
- ☐ If yes, did your PA case close less than 12 months ago? ☒ Yes ☐ No  
*(transitional benefits may be available)*
- 8) Are you a student? ☒ Yes ☐ No
- ☐ If yes, what is your school schedule?  
*(Student status may allow for more options, esp. in securing an ACS voucher.)*
- 

- 9) Do you have good credit? ☐ Yes ☐ No  
*(Client may be interested in a financial literacy workshop and/or financial counseling.)*
- 

😊 Thank you for your cooperation. 😊